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AUG 23 2004

Docket No. 740105-75

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	
Hans LEYSIEFFER)	Group Art Unit: 3762
Serial No.: 09/938,494)	Examiner: Joseph S. Machuga
Filed: August 27, 2001)	
For: IMPLANTABLE HERMETICALLY)	Confirmation No.: 2879
SEALED HOUSING FOR AN)	
IMPLANTABLE MEDICAL DEVICE)	
AND PROCESS FOR PRODUCING)	
THE SAME)	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office: Fax No. (703) 872-9309 on August 23, 2004.


Kathleen M. McManus

AMENDMENT

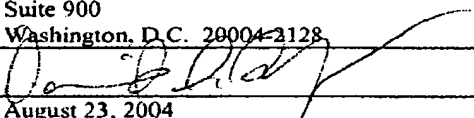
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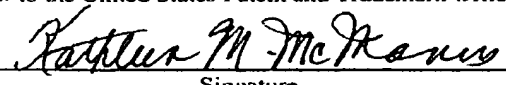
Sir:

The following is presented in response to the non-final Office Action mailed May 21, 2004, in connection with the above-identified patent application.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/938,494
		Filing Date	08/27/2001
		First Named Inventor	Hans LEYSIEFFER
		Group Art Unit	3762
		Examiner Name	Joseph S. Machuga
Total Number of Pages in This Submission	12	Attorney Docket Number	740105-75

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): U.S. Patent No. 4,254,775 Pages 3-4
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 23, 2004

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